

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/540,078
Confirmation Number	2645
Filing Date	w/effective filing date of December 24, 2003
First Named Inventor	Andrej KITANOVSKI et al.
Group Art Unit	3744
Examiner Name	William C. DOERRLER
Total No. of Pages in this Submission: 14	Attorney Docket Number NITROS P171US

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <p><input checked="" type="checkbox"/> Fee Transmittal Form [2]</p> <p><input checked="" type="checkbox"/> Fee attached - Check \$270</p> <p><input checked="" type="checkbox"/> Response [10]</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input checked="" type="checkbox"/> Extension of Time Request [1]</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Stmt</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Response to Missing Part/s Incomplete Application</p> <p><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</p> | <p><input type="checkbox"/> Assignment papers (for an Application)</p> <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)</p> <p><input type="checkbox"/> To Convert a Provisional Petition</p> <p><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Small Entity Statement</p> <p><input type="checkbox"/> Request for Refund</p> | <p><input type="checkbox"/> After Allowance Communication to Group</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):</p> <p>Postcard</p> |
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

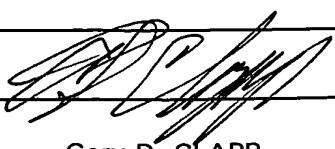
Firm or Individual Name	Gary D. CLAPP DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 29,055 CUSTOMER NO. 020210
Signature		
Date	February 22, 2008	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on February 22, 2008.

Signature		Date: February 22, 2008 (lfb)
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<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>FEE TRANSMITTAL For FY 2008</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p>																																				
<p>TOTAL AMOUNT OF PAYMENT: \$270</p>		<p>Application No. 10/540,078 Filing Date w/effective filing date of Dec. 24, 2003 First Named Inventor Andrej KITANOVSKI et al. Examiner Name William C. DOERRLER Art Unit 3744</p>	<p>Attorney Docket No. NITROS P171US</p>																																			
<p>METHOD OF PAYMENT (check all that apply)</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																						
<p>FEE CALCULATION</p>																																						
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Application Type</th> <th style="text-align: center;">FILING FEES</th> <th style="text-align: center;">SEARCH FEES</th> <th style="text-align: center;">EXAMINATION FEES</th> <th style="text-align: center;">Fees Paid (\$)</th> </tr> <tr> <th></th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">310</td> <td style="text-align: center;">155</td> <td style="text-align: center;">510</td> <td style="text-align: center;">255</td> </tr> <tr> <td>Design</td> <td style="text-align: center;">210</td> <td style="text-align: center;">105</td> <td style="text-align: center;">100</td> <td style="text-align: center;">50</td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">210</td> <td style="text-align: center;">105</td> <td style="text-align: center;">310</td> <td style="text-align: center;">155</td> </tr> <tr> <td>Reissue</td> <td style="text-align: center;">310</td> <td style="text-align: center;">155</td> <td style="text-align: center;">510</td> <td style="text-align: center;">255</td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">210</td> <td style="text-align: center;">105</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table>				Application Type	FILING FEES	SEARCH FEES	EXAMINATION FEES	Fees Paid (\$)		Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	310	155	510	255	Design	210	105	100	50	Plant	210	105	310	155	Reissue	310	155	510	255	Provisional	210	105	0	0
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<p>2. EXCESS CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td style="text-align: center;">210</td> <td style="text-align: center;">105</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: center;">370</td> <td style="text-align: center;">185</td> </tr> </tbody> </table> <p> <u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>Multiple Dependent Claims</u> <u>02/27/2008</u> <u>00000038</u> <u>10540078</u> <u>20</u> or <u>HP</u> = <u>210.00</u> <u>OP</u> <u>5</u> <u>-3 or HP +</u> <u>2</u> <u>x</u> <u>\$105</u> <u>=</u> <u>\$210</u> </p> <p>HP = highest number of independent claims paid for, if greater than 3.</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	210	105	Multiple dependent claims	370	185																							
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p> <u>Total Sheets</u> <u>Extra Sheets</u> <u>No. of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <u>-100 =</u> <u>/ 50 =</u> <u>(round up to a whole number) x</u> <u>=</u> </p>																																						
<p>4. OTHER FEE(S)</p> <p>Petition for one (1) month Extension of Term (SMALL) \$60</p>																																						
<p>SUBMITTED BY</p>																																						
Signature		Telephone (603) 226-7490																																				
Name (Print/Type)	Gary D. CLAPP	Registration No. (Atty/Agent) 29,055	Date: February 22, 2008																																			